**CT** CORPORATION SYSTEM

# CORPORATION(S) NAME DID DO DO 2598

<del></del>			<u> </u>	
Palm Bay Health Care Assoc	ciates, LLC		:	
	<u> </u>			
		<u> </u>		-
	<u> </u>	a graduation of		7
		21.5	ASS 30 F)	
			Lul	골근
	The state of the s	100		<u>ب</u> تــ
		<u>,,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,</u>	TS PA	
	· · · · · · · · · · · · · · · · · · ·			
() Profit	() Amendment	() Merger	~ <u>~</u> ⊊ ~ ~ ~	
() Nonprofit	( ) A MICHAINCH	() Merger	PR ORA	
() Foreign	() Dissolution/Withdrawal	() Mark	THE IS ASS	
	() Reinstatement	( ) 2720424	12 %	
() Limited Partnership	() Annual Report	() Other		
(X) LLC	() Name Registration	() Change of I	RA	
	() Fictitious Name	() UCC	•	-
() Certified Copy	() Photocopies	() CUS		
() Call When Ready	() Call If Problem	() After 4:30		
(x) Walk In	() Will Wait	(x) Pick Up		
() Mail Out			<u></u>	er i
Name	7/30/01	Order#: 4692	2626	
Availability	10,2020			
Document		UUUD N-	<b>04507092</b> 5 17/30/0101074020	<b>)</b> *
Examiner		Ref#:	***125.00 ****125.00	
Updater	-			
Verifier				
W.P. Verifier		Amount: \$	N) 1	
		•	(1) ~ N	
			~/a(\ (/\	

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

#### ARTICLES OF ORGANIZATION

**OF** 

## PALM BAY HEALTH CARE ASSOCIATES, LLC

#### ARTICLE I

### Name

The name of the limited liability company is Palm Bay Health Care Associates, LLC (the "Company").

#### ARTICLE II

# Principal Office

The address of the principal office of the Company is One Professional Center, One NE First Avenue, Suite 302, Ocala, Florida 34470. This is also the mailing and street address.

## ARTICLE III

# Registered Agent

The name and address of the Company's initial registered agent is CT Corporation System, 1200 South Pine Island Road, Plantation, Florida 33324.

### ARTICLE IV

## Management

The management of the Company is vested in one or more managers.

IN WITNESS WHEREOF, the undersigned Member has executed these Articles of Organization as of the 27<sup>th</sup> day of July, 2001.

FLORIDA HEALTH CARE PROPERTIES, LLC

By: Cabernet Health Care, D.C. Member

Daryl Griswold Member

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statues relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

C T Corporation System

Registered Agent's Signature

DALE W. MORRIS
ASSISTANT VICE PRESIDENT

OI JUL 30 PM 3: 3 SECRETARY OF STATE TALLAHASSEE, FLOOR